

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

15049

State File No. ....

FILED MAY 11 1953

BIRTH NO. ....		REG. DIST. NO. <u>227</u>		PRIMARY REG. DIST. NO. <u>5804</u>		Registrar's No. <u>21</u>	
1. PLACE OF DEATH a. COUNTY <u>MONROE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>MONROE</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL - JACKSON TWP.</u>		c. LENGTH OF STAY (in this place) <u>4 YRS</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>0690</u> OR TOWN <u>RURAL - JACKSON TWP.</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R.F.D. #3, PARIS</u>				d. STREET ADDRESS (If rural, give location) <u>R.F.D. #3, PARIS</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>ROBERT</u>		b. (Middle) <u>WALLER</u>		c. (Last) <u>POWER</u>	
4. DATE OF DEATH		(Month) <u>MAY</u>		(Day) <u>8</u>		(Year) <u>1953</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>MAR 22, 1920</u>		9. AGE (In years last birthday) <u>32</u> If UNDER 1 YEAR Months <u>11</u> Days <u>16</u> If UNDER 24 HRS. Hours <u></u> Mins. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>GEN. FARMING</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>MONROE Co., Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>LEWIE M. POWER</u>		13b. MOTHER'S MAIDEN NAME <u>RUBY A. BRYAN</u>		14. NAME OF HUSBAND OR WIFE <u>MILDRED H. POWER</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>✓</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS. ROBT. W. POWER, PARIS, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>accident</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>falling from</u> DUE TO (c) <u>car</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>89121</u>				INTERVAL BETWEEN ONSET AND DEATH <u>just</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>069</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) <u>SOICIDE</u> <u>HOMICIDE</u> <u>ACCIDENT</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>ON THE FARM</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>JACKSON TWP., MONROE, MISSOURI.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>MAY 8, 1953</u> <u>11:15 A.M.</u>		21e. INJURY OCCURRED WHILE AT <input checked="" type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Geo M. Bennett M.D.</u>		23b. ADDRESS <u>PARIS, Mo</u>		23c. DATE SIGNED <u>5-9-53.</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>5-11-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>WALNUT GROVE</u>		24d. LOCATION (City, town, or county) (State) <u>PARIS, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>5-9-53</u>		REGISTRAR'S SIGNATURE <u>J. A. Bennett, M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Speed Blakey</u>		ADDRESS <u>PARIS, MISSOURI</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

690  
1

MAY 24 1941

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed E. H. Agnew

Licensed Embalmer No. 4000

P. O. Address PARIS, MISSOURI

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.